

GEO REGISTRATION AGREEMENT

SCHOOL NAME: _____

Quarter: _____

Your child has been invited to attend the GEO After School Program in the targeted subject area/s:

___ **Reading** ___ **Math** ___ **Science** ___ **ELL** ___ **GEO Recreation**

Complete the registration form and return it to the school office. All classes are provided free of charge. Remember that students are required to attend all classes for which they are registered. Please print your responses.

Child's Name:			Sex	Age	Birthdate	Grade	Teacher
LAST	FIRST	MIDDLE	Male <input type="radio"/> Female <input type="radio"/>				
Street Address			City, State, Zip		Area Code with Home Phone Number		

OFFICE USE ONLY:	
SAS STUDENT ID	SCHOOL STUDENT ID

Siblings			Sex	Age	Birthdate	Grade	Teacher
LAST	FIRST	MIDDLE					
			M <input type="radio"/> F <input type="radio"/>				
			M <input type="radio"/> F <input type="radio"/>				
			M <input type="radio"/> F <input type="radio"/>				

AT THE END OF THE PROGRAM DAY, MY CHILD WILL GO HOME BY:

☐ BEING PICKED UP ☐ WALKING ☐ RIDING THE BUS ☐ OTHER (explain) _____

<p>Mother or Guardian: Name: _____</p> <p>Home Address: _____</p> <p>Home Phone(_____) - _____ Cell/Pager(_____) - _____</p> <p>Employer: _____ Phone (_____) - _____</p> <p>Employer Address: _____</p> <p>Signature _____</p>	<p>Father or Guardian: Name: _____</p> <p>Home Address: _____</p> <p>Home Phone(_____) - _____ Cell/Pager(_____) - _____</p> <p>Employer: _____ Phone (_____) - _____</p> <p>Employer Address: _____</p> <p>Signature _____</p>
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If Medical Care is Necessary, Call:

DOCTOR: Name _____

Address _____

Phone (_____) - _____

HOSPITAL:

Name _____

Address _____

Phone (_____) - _____

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health & safety. I understand and accept that the expense of this service will be my responsibility.

Parent or Guardian Signature: _____

Date of Enrollment: ____/____/____

~~~~~Please Complete Both Sides~~~~~

I hereby authorize the following ADULTS to remove my child from GEO. (List a minimum of three (3) adults. *DO NOT INCLUDE ANY PARENT(S)/GUARDIAN(S) LISTED ON THE REVERSE SIDE OF THIS FORM.*

Name:

Relationship:

Address:

Phone: (     )     -

Name:

Relationship:

Address:

Phone: (     )     -

Name:

Relationship:

Address:

Phone: (     )     -

Name:

Relationship:

Address:

Phone: (     )     -

IN CASE OF AN EMERGENCY, IF I, OR ANY OF THE ABOVE, CANNOT BE REACHED, GEO WILL CALL 911 AND I WILL BE RESPONSIBLE FOR ANY CHARGES WHICH MAY INCUR.

**Medical Information** - All lines MUST be completed. If a statement/question is not applicable to you, please write N/A on the line.

Is child allergic to food or other substances? (If so, name foods or substances to be avoided and procedure to follow if reaction occurs.)

Is child usually susceptible to infections and if so, what precautions need to be taken?

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?

Additional comments:

Other special instructions:

I understand that this is an educational program and not childcare. I also understand that this program is supervised during the specific days and times for this school year and that it is operated as an optional program. I understand that violations as listed in the program rules could result in suspension/removal from the program.

The above enrollment and emergency information were provided by:

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

~~~~~Please Complete Both Sides~~~~~